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ABSTRACT

A child caregiver developed a substance abuse intervention and prevention program for preschool children between 2 and 5 years of age who were at risk for substance abuse. The practicum effort resulted in a preschool substance abuse curriculum that included information on drugs, offered techniques for enhancing self-esteem, and discussed skills for resisting peer pressure. The curriculum was based on a goals-objectives-activities format. Elements of the curriculum format were defined in terms of developmentally appropriate tasks, were cost-efficient and easily implemented, and were submitted for evaluation by experts in substance abuse prevention. Evaluation was positive. Related materials, including questionnaires for experts who rated curriculum goals, objectives, activities, and the entire curriculum, are appended. The questionnaires provide the content of the curriculum. (RH)

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Development of a Substance Abuse Prevention Program for At-Risk Two- to Five-Year-Olds

by

Janice Kate Howze

Cohort XXXIII

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A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfillment of the Requirements for the degree of Master of Science

NOVA UNIVERSITY

1988

PS 017671

AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

Oct. 7, 1988
Date

Janice Kate Howze
Signature of Student

ABSTRACT

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Increasing substance use and abuse has led to a corresponding interest in providing early intervention/prevention. To date, the earliest intervention/prevention efforts have been in kindergarten. However, a federal grant funding this writer's program is designed to test the concept of intervention/prevention in the preschool years, and has provided for a child care center specifically for children of substance abusers.

Due to the innovative nature of the program, no strategies existed to provide intervention/prevention for preschoolers. Yet this writer was directed to develop a substance abuse prevention curriculum for 22 at-risk two- to five-year-olds who were being enrolled in her program. These children are at-risk not only for future substance abuse, but also for developmental delays and emotional, social and physical problems as a result of parental chemical dependency.

The practicum project provided a curriculum that addresses preschoolers' need for factual knowledge about drugs, helps them develop skills for resisting peer pressure and assists them in improving their self-esteem and self-concept. The curriculum was judged as developmentally appropriate, easily implemented and cost-efficient by a panel of child care and substance abuse prevention professionals.

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Chapter 1

BACKGROUND

This practicum project was implemented in a large city located in a rapidly growing urban county. According to the most recent census, the city's population is 238,647 (U.S. Department of Commerce, 1980). Urban sprawl in this particular part of the state has eliminated any rural areas that might serve to define city boundaries, and county residents mingle freely both professionally and practically. So population is best defined in county numbers. There were 728,531 county residents during the 1980 census, with a median age of 45.8. When the neighboring city across the bay is considered as part of the metropolitan area, which happens increasingly as the area grows, total population swells to the millions. Along with the benefits gained from living and working in a large and growing metropolitan area are the attendant problems. Among these problems is increasing substance use and abuse.

The problem of substance abuse was recognized in the county 17 years ago when this writer's employer began operation as a substance abuse treatment and prevention program. The program has gained a reputation over the years as being a leader in substance abuse treatment and prevention, and it has remained in the forefront since its

inception. In 1986, it was named the country's outstanding program by the Alcohol and Drug Problems Association of North America. The association evaluates programs throughout the country and highlights the area having the most unique plan and impact (Bee/Leader, 1986). This writer's employer is one of several substance abuse treatment and prevention programs in the county and alone serves more than 26,000 people each year, a number that testifies to the swelling ranks of substance abusers.

Recently, in response to the increasing use of cocaine throughout the country and this county, the employer applied for and received a demonstration grant from the federal Office of Substance Abuse Prevention. The funded program is innovative and one of the first in the country to address the problem of substance abuse from a perspective other than treatment of the substance abuser. Historically, service guidelines by federal and state funding agencies and the insurance industry have led to treatment focused on the abuser while the families have been considered secondarily, if at all. A growing body of clinical knowledge, however, is demonstrating that not only is living in a substance abuser's family difficult, but there are a host of problems associated with being a child of a substance abusing parent (Coletti, 1987). This writer's program is designed to serve both the children of substance abusers and the substance-

abusing mothers in a combination child care center/case management setting.

When this writer's program received its grant, it began looking for the proper facility in which to house 25 children 2 months to 5 years old (a number specified in grant funding) and offices for case managers serving nearly 250 mothers a year. A motel was located and was renovated to License Board standards over a five-month period to house the program. The facility is within this writer's city in a part of town that is largely black and poor. Forty-eight percent of the households have an income of $10,000 or below (U.S. Department of Commerce, 1980). The demographics of the area were not expected to be indicative of the clientele, since experts in substance abuse treatment and prevention are quick to point out that substance abuse - particularly cocaine abuse - has few demographic descriptors. However, once the program was operating for a few months, it became clear that clients would be largely black and lower-income since initial referrals focused on those living within the center's area. The child care/case management program can serve clients from throughout the county.

It was expected that the motel would be leased for the program but last-minute problems led to the program purchasing the building and undertaking the cost of renovations. While financially burdensome and time

consuming, the situation allowed for a degree of control that would not have been likely had the program leased the building.

The center is designed to be a satellite operation of the main substance abuse treatment and prevention program, this writer's employer. A prevention director oversees the program from the main central office, while two designated employees operate the program from the child care center/case management location. A case management coordinator is in charge of that part of the program, working with three case managers who deal with the substance-abusing mothers. A child development coordinator works with this writer, who is the early childhood specialist; three teachers; a teacher's assistant; and a housekeeper/cook. A secretary reports to both coordinators (Appendix A: 43). This writer's job responsibilities include directing teachers in curriculum and lesson planning, screening children for placement within the program or referral to community resources, and overseeing daily operations of the child care center. This writer reports to the child development coordinator. It is within the scope of this writer's authority to develop curriculum and direct lesson plans. However, final approval must be secured through "chain of command" channels.

At the time of this practicum project's inception, the program was in its infancy and, as is true with many newly-

funded projects, behind schedule. The child care center enrolled children slowly over a period of four months, since case managers first had to identify substance-addicted women eligible for admission to the program. Only children of these chemically-dependent women may attend the center. The child development coordinator asked the teachers to initially follow standard developmental practices when dealing with the children in their classrooms. But she also asked this writer to identify a curriculum specifically designed to help preschoolers learn about substance use and abuse. Such a curriculum is a part of most of the central agency's other programs and is the major emphasis of this practicum project.

The program facility finished renovation and opened to the public in June. The building is situated around a courtyard that became the children's playground. Adjacent to the playground is a classroom for 2-year-olds and early 3-year-olds, and one for 3-, 4- and 5-year-olds. Also adjacent to the playground are offices for the early childhood specialist and child development coordinator, and a conference room. The infant center, for children 2 months to 2 years old, is housed in a building separate from but adjacent to the classrooms. The opposite side of the facility is a two-story wing housing case management offices on the upper floors, a reception area, a kitchen and dining room for the children, and a staff room.

The program clients are responsible for their own transportation to the facility, or they are visited by a case manager. Many children in the child care center are brought to the center by their parents. Recently, however, as more parents are admitted to the program and more children enrolled, it has become necessary for the center to begin transporting children. Many parents simply have no transportation.

Chapter 2

STUDY OF THE PROBLEM

Problem Definition

One of the goals of the grant that funds this writer's program is to interrupt the multi-generational cycle of substance abuse by intervening with the preschool children of the substance abusers. However, due to the innovative nature of the program, no strategies existed to provide intervention/prevention for preschoolers. It has only been recently that prevention efforts have moved into elementary schools, and the budding recognition that "something needs to be done even earlier" had yet to be translated into acceptable, workable preschool practice. Yet this writer was directed to develop a preschool prevention curriculum for 22 of 25 children at her center. The grant specifies that 25 children may be served at the center, but due to facility restrictions, there is a classroom for 10 two-year-olds and early three-year-olds, and a classroom for 12 three- to five-year-olds. Three infants are housed separately and, for the purpose of this practicum project, not considered as developmentally ready for preschool intervention.

The center expected to enroll the 22 preschool children slowly. It is a lengthy process for case managers to locate substance-abusing mothers for the program and attend to them on a consistent basis. Once the case management portion of

the program was operational, this writer and the child development coordinator began screening children for placement. It was expected that perhaps five or six children would be placed in each preschool classroom within two months of the center becoming operational, with full enrollment occurring slowly. That expectation paralleled reality. Two months after its opening, the center had enrolled eight children in one classroom and seven in the other.

Early intervention strategies to prevent substance abuse needed to be provided on a planned, systematic basis to the children in the center, no matter how many were enrolled, since these children suffer problems as a result of parental substance addiction and are at risk for substance abuse, perhaps in the not-too-distant future.

Evidence

In a recent newspaper account during the annual "Red Ribbon, Just Say No to Drugs" campaign, the local director of Blacks Against Dangerous Drugs (BADD) reported that conversations with youngsters in neighborhoods where drugs are easily obtained turned up 4- and 5-year-olds fluent in the language of drugs (Brown, 16 May 1988). Such early knowledge of substance abuse is not unique to this writer's city. At the Florida Coming Together Drug Free conference in April 1988, presenters noted the increasingly younger age at which children learn about and unfortunately indulge in

substance abuse. And on the national level, the situation is similarly reflected. The Honorable Terry E. Branstad, then governor of Iowa, reported at the 1984 Governor's Conference on Children in Jeopardy that substance abuse is becoming an epidemic among youth, even in "bucolic" states like Iowa (Sharp and Turney, 1984).

Analysis of Causes

Clearly, all children are being exposed to drugs and drug abuse at an early age and are at risk for future substance use and abuse. The children who are enrolled in this writer's child care center are at even greater risk since they are children of substance abusers and may be exposed daily to the uncertain and frightening effects, perhaps even the attractiveness, of parental drug use. In addition, they may suffer emotional or physical neglect due to a parent's preoccupation with drugs, or may have to deal with the developmental problems caused by a parent's drug use during pregnancy (Thornton, Velma. Personal communication. February 1987). These children received little or no early intervention/prevention efforts, since such programs did not exist for preschoolers prior to federal funding for this writer's center (Coletti, 1987).

Relationship to the Literature

Information is just beginning to be collected on how much preschool children might know about substance abuse. Bush and Davidson (as cited by Young and Williamson, 1983)

found that, in the absence of a program that includes factual drug information, children might be expected to exhibit confusion and misinformation concerning drugs and medicine. Results of a study of 112 kindergarten children from five different elementary schools found that 75 percent of the children answered less than half of the questions on a drug knowledge test correctly, and more than 75 percent said they had never taken a drug, even though almost all children have used aspirin or prescription medications (Young and Williamson, 1983).

In an attempt to determine alcoholic vulnerability in the preschool years, Noll and Zucker (1983) studied two groups of preschool children, one with alcoholic fathers and one a control group. Noll and Zucker found that children from homes where alcohol is consumed are more familiar with alcoholic beverages and acquire this knowledge earlier than their peers, even when their general overall development is slower.

In 1984, a second study by Noll and others with 131 children in child care centers replicated the 1983 study's findings. This data strongly suggested that learning about alcoholic beverages begins very early in life, and may begin before a child is three.

Children not exposed to substance abuse at home or on the street may still be familiar with drugs through another unlikely but increasingly possible source, the other

significant adults in their lives. In a city nearby this writer's, a nursery school teacher was recently arrested at the school when she tried to sell cocaine to undercover detectives. She told detectives that children at the school probably had access to the drug (St. Petersburg Times, 28 May 1988).

As well as dealing with misinformation and ignorance about drugs, children of substance abusers must contend with a host of other problems related to parental chemical dependency. They suffer physical, emotional, mental and developmental problems as a result of parental drug abuse during pregnancy, for example. The extent of the problem was indicated by a recent survey of 36 hospitals nationwide, in both urban and suburban areas and serving patients from all socioeconomic groups. Survey results showed that at least 11 percent of women in the hospitals had used illegal drugs during pregnancy, leading experts to conclude that the data suggested some 375,000 newborns a year nationwide face the possibility of health damage from their mothers' drug abuse (Brody, St. Petersburg Times, 30 August 1988). Fetal alcohol syndrome (FAS), which results from a mother's abuse of alcohol during pregnancy, is now considered the third most common cause of mental deficiency (Sharp and Turney, 1984). More than 3,700 American infants each year are born with FAS (National Center for Clinical Infant Programs, 1986). However, even Fetal Alcohol Syndrome has taken a

back seat to the problems of children born addicted because their mothers used cocaine while pregnant. These babies suffer immediate effects of their mothers' cocaine use for up to three months after birth, but the problem is so new that experts can't even predict the longterm effects. Dr. Ira Chasnoff, director of the Perinatal Center for Chemical Dependency at Northwestern University Medical School, is one of the first in this country to begin studying "cocaine babies." At a conference in February 1988 in Clearwater, FL, and in an earlier journal article (Chasnoff, 1987), he noted that data are still insufficient to analyze developmental outcome of cocaine-addicted babies, but that these children must be considered at high risk for developmental and learning disabilities. As well, these children must cope with the problems associated with low birth weight, smaller head circumference, the effects of premature deliveries and serious health problems such as strokes, limb deformities and seizures. In this writer's city, it is estimated that one in ten babies are born cocaine-addicted (Coletti, 1987).

The child who lives with a substance-abusing parent frequently fares no better emotionally than he may physically or mentally. Children in families where alcohol is a problem generally are ignored while attention is directed toward the chemically dependent parent (Sharp and Turney, 1984). As well, children of alcoholics are unable

to establish primary relationships outside the home (Ackerman, 1983). Children of drug-dependent women often suffer from emotional neglect, family instability, lack of positive adult role models and lack of peer relationships. And children of substance-abusers are at risk for potential abuse, poor parenting practices and future drug use (Beschner et. al., 1981).

A preschool intervention/prevention curriculum may not prevent or amerliorate physical or mental problems resulting from parental drug use, but it does supply preschoolers with factual knowledge about drugs and with techniques for discouraging future drug use. The intent of this practicum project was to meet those needs and satisfy the writer's directive to develop a preschool program based on successful intervention/prevention programs already in place for older children.

Chapter 3

OUTCOME OBJECTIVES

Based upon this writer's directive to develop a preschool substance abuse intervention/prevention program and the desire to meet the needs of preschoolers at risk for substance abuse, the following outcome objectives governed the proposed practicum project:

1. Over a period of three months, which represented start-up of the center and initial enrollment of children, this writer was to develop a substance abuse intervention/prevention program for 22 at-risk preschoolers.

2. The preschool substance abuse intervention/prevention program was to address both cognitive and affective areas of need, including the preschoolers' lack of factual substance abuse information and possible emotional instability.

3. The proposed solution was to be rated three times during its creation as developmentally appropriate, easily implemented and cost-efficient by a panel of four professional volunteers - two in the field of early childhood education and two in the field of substance abuse intervention/prevention.

4. The solution was to be rated by the professionals using assessment instruments developed by this writer

(Appendix C: 45, Appendix D: 47, Appendix E: 65). The assessments included opportunities for the professionals to offer suggestions and criticisms, which would be considered for incorporation within the solution.

5. After a period of three months, the solution was to be judged as effective and ready for use by the panel of four professional volunteers as measured by their positive responses on the assessment instrument (Appendix F: 73).

6. The exact nature of the solution was to be formulated based upon the literature of substance abuse and preschool program development as it emerged in the information collection section of Chapter 4, Solution Strategies.

Chapter 4

SOLUTION STRATEGIES

Information Collection

Prevention of substance abuse is an idea as old as the problem itself. In the face of swelling ranks of substance abusers, increasing costs and burdens to society, and recognition that the problem of substance abuse is severe and international in scope, any prevention technique that seems promising has been tried. But in the past 10 years, certain techniques have proven more workable and effective for preventing substance abuse than others, and a search of the literature supports common solutions.

Delegates from 20 western states attending the Los Angeles regional conference of the 1980 White House Conference on Families made general recommendations that are applicable to the problem of substance abuse. Alaska asked for funds for early intervention and education, while Colorado requested preventive health care services, resources and education. Montana more specifically recommended that both primary and secondary schools provide extensive preventive educational programs concerning alcohol use/abuse, but only Wyoming recommended early childhood training (White House Conference on Families, 1980).

The National School Boards Association, in recognizing

the increasingly younger age at which youth drink alcohol, recommended that schools reassess the effectiveness of their drug prevention policies and start educating students about drugs and alcohol in kindergarten (St. Petersburg Times, 28 April 1988). One might assume that, given the likelihood of public education for 4-year-olds and the severity of the substance abuse problem, the National School Boards Association would support drug prevention policies and education for preschoolers were it appropriate for the board to do so. The recommendation for prevention curricula as early as kindergarten lent credence to the practicum project solution.

Concern about developmental readiness need not inhibit the formation of preschool substance abuse prevention programs. A study of the cognitive factors in substance abuse showed that children two and a half to six years old already know about alcoholic beverages and recommended programs developed to match the child's emerging cognitive abilities. Such programs would hopefully be received better when presented as children naturally learn about alcohol rather than waiting until the children are older and "street wise" (Noll et. al., 1984). While no specifics were offered as to appropriate programs, the recommendation to match information with cognitive development fit with the practicum project solution of a preschool curriculum.

Beschner et. al. (1981) studied treatment services for drug dependent women, which this writer researched due to the fact that drug dependent parents are the reason why children are enrolled in the writer's center. The study found that a woman's success in drug abuse treatment could be enhanced if child care were seen as a basic support service. Beschner et. al. suggested a child care referral network be supplied to women undergoing substance abuse treatment. This solution had no relevance to this writer's problem since child care for such women already existed at her center and since the children themselves were the ones in need of preventive efforts. However, it was interesting to note that women enrolled in this writer's program might have a better chance at success because their children are located at the adjacent child care center. As well, it was interesting to speculate whether children given preventive substance abuse education might then have a positive impact on the abusing parent.

Two researchers did look at substance abuse and kindergarteners and ended up recommending early drug education programs that help children develop a correct concept of what drugs are and that provide factual information on the safe and acceptable uses of drugs (Young and Williamson, 1983). As well, Young and Williamson cited educators who agree that efforts aimed at helping people make intelligent decisions about drugs should begin at an

early age. The idea of providing factual information about drugs and drug use had relevance to the practicum project solution since it is possible within a preschool curriculum framework to include activities and materials aimed at helping children recognize drugs and at assisting them in making yes or no decisions about "good" and "bad" drugs.

A report by the New York state temporary commission to evaluate drug laws yielded a new perspective on possible early childhood intervention/prevention efforts. The commission mailed questionnaires to prevention experts and professionals responsible for child and adolescent care. More than 400 responses were received. Most of the child care professionals, as did a surprising number of drug prevention experts, believed that society could not genuinely deter drug abuse through current efforts, but that if it could, the underlying problems would need to be addressed. Primarily, poor self-esteem among the young was seen as the immediate cause of drug abuse (Betros et. al., 1974). The commission recommended: 1) scaling educational units down to manageable size; 2) providing health screening for all students; 3) having a competent health professional available; and 4) having more fully trained counselors. In terms of the practicum project solution, the idea of addressing low self-esteem had particular relevance and could be a part of a preschool curriculum. As well, it was possible within the framework of this project to have

educational units of manageable size. However, the program grant does not provide theoretically or financially for health screening for all students or for trained counselors. A health professional is on call for the children, but that has no relevance to the contents of a preschool curriculum and thus was not considered for the practicum solution.

An Iowa Governor's Conference on Children in Jeopardy resulted in several recommendations for preventing substance abuse among the young. One recommendation called for training school personnel in substance abuse strategies and establishing school services to test children for chemical dependency and other problems and make referrals (Sharp and Turney, 1984). As part of their employment with the parent substance abuse agency, this writer's fellow workers - the teachers and assistants in the center - are trained in substance abuse strategies. And there is neither the funds nor the personnel to test children for chemical dependency, a solution best reserved for older children actually using drugs. So these two solutions were not workable for the practicum project. Looking at the general issue of prevention, the Governor's Conference did identify three main components: the agent (alcohol and other drugs), the host (the individual and family), and the environment (Sharp and Turney, 1984). These three components do have some relevance to a preschool curriculum and could be considered

in its content. Finally, the Governor's Conference recommended five ways to fight substance abuse:

1) Increase awareness and education of the public.

2) Further develop anti-drunk driving citizen activist groups and volunteer parent/community substance abuse groups.

3) More effectively use the media to increase awareness of the problem.

4) Increase funding for juvenile prevention and treatment services for substance abuse.

5) Implement school alcohol and drug education programs, especially at grade school levels.

In looking at the five recommendations, all but one deal with the general problem of substance abuse, especially as it relates to adults, and so they had no relevance to the practicum project solution. The fifth, implementing drug education programs, speaks directly to the solution except for age level, and thus was considered support for the practicum project solution of a preschool curriculum.

In many cases, substance abuse prevention is part of a health education curriculum and possible solutions could be obtained from successful programs and curricula in that area. A health education curriculum guide developed for grades kindergarten through three for the Cortland-Madison (N.Y.) Board of Cooperative Educational Services espouses substance abuse education above the minimal requirements for

each school area. Such preventive education should help students develop positive self-concepts, gain control over their lives and maximize their health potentials (Dippo, 1975). As well, this training should begin informally during the pre-kindergarten years. The curriculum developed for the Cortland-Madison Board is specific in its recommendations. A good preventive health education curriculum should:

1) Meet the needs of all students.

2) Be sequential, building on developmental tasks at each level.

3) Be flexible to allow for widespread implementation.

4) Include behavioral objectives and learning experiences for assisting in the decision-making process.

5) Be easily updated.

It is suggested that each topic or unit have 1) overview and objectives; 2) concepts; 3) content outline; 4) learning and evaluative activities; 5) resources. The five directives for a good preventive health education curriculum had direct relevance for this practicum project and were considered in the solution chosen. In terms of the topics or units, while it was possible within the practicum constraints to utilize overview and objectives, concepts, content outline and learning activities in the solution, providing evaluative activities and resources proved to be

time-consuming and costly and thus not workable when a low-cost and easy-to-implement curriculum was desired.

The Substance Abuse Prevention Curriculum of the New York State Education Department pointed a more direct way to forming a preschool substance abuse prevention curriculum. The New York curriculum suggests integrating knowledge with affective skills development, thus addressing the need for factual information while helping youngsters enhance self-image, make responsible decisions, turn to family and friends in time of stress, have fulfilling social experiences and understand the consequences of their behavior (New York State Education Department, 1982). The New York State Education Department cites research showing that effective substance abuse prevention programs include objectives that allow students to learn credible information, improve self-concepts, communicate effectively, solve problems and make informed and responsible decisions.

The New York Education Department recommends a curriculum that:

1) Is designed for direct teacher use rather than as a resource.

2) Is a self-teaching and reference document as well as a teaching guide, including background information, descriptions of teaching methods, suggestions for evaluation and use of community resources and other helps.

3) Is sequential.

4) Includes concepts that are continuous through grade 12.

5) Has objectives worded behaviorally and measurably.

6) Repeats few activities, although similar experiences may be provided on several levels.

7) Includes only as supplementary activities requiring materials that must be purchased.

8) Requires only a few supplies to implement, and includes worksheets for duplication, information sheets, story pictures and patterns.

9) Provides reference for subject integration of materials and coordinated efforts with other teachers.

10) Culminates in concept evaluation and feedback from students.

11) Allows teachers to participate in state assessment and revision.

While the New York curriculum suggestions are well-thought and valid, they did not translate well to the practicum problem solution since the scale of both was widely disparate. However, the practicum solution could be directed for teacher use, sequential, written in behavioral objectives, and require few purchased materials, thus scaling down the New York suggestions for this writer's small group of children and teachers.

A report submitted to Congress by the Department of Education and the Department of Health and Human Services

assessed the nature and extent of prevention activities at local, state and federal levels. The report found that the content of drug prevention activities is similar across the country and includes three common objectives: providing knowledge about drugs, improving self-esteem, and developing skills for resisting peer pressure (Farquhar, 1988). These three areas can be part of a preschool curriculum and were considered in the chosen solution.

It is important to note that the solutions outlined in the review of the literature all pertained to children kindergarten age and up. Many of the studies offered alternatives viable for this practicum project, but these alternatives needed to be interpreted in light of accepted preschool practice. In the early childhood education field, the National Association for the Education of Young Children (NAEYC) is considered a leader in the study of standards for programs for children from birth through the early years. Any solution involving programs or curricula for children could and should be designed, as was this practicum solution, in tandem with the NAEYC's Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 (Bredekamp, 1987).

Solution Strategy

The review of the literature showed that the practicum writer's directive to develop a preschool substance abuse curriculum was workable. But when the constraints of time

and resources were considered, certain decisions had to be made as to how detailed the initial curriculum could be. Since this curriculum needed to be in place as soon as possible after the center opened and children were enrolled, curriculum details such as choice of books and learning aids and patterns for art projects, for example, were omitted during the initial practicum project. Later, when revisions are made, such items can be included at a more leisurely pace. The consideration of resources also was valid. This writer's program cannot afford a paid consultant who does nothing but develop curriculum, or to allow a staff member to do so fulltime. However, this writer was able to use a portion of her time for developing curriculum, and she could draw upon volunteer professionals for evaluation of the curriculum and suggestions for changes and improvements.

Solution Strategy

Based upon the literature and the constraints of her program, this practicum writer chose the following solution strategies:

1) Develop a preschool substance abuse curriculum that includes factual information on drugs, techniques for enhancing self-esteem, and skills for resisting peer pressure.

2) Base the initial curriculum on a goals, objectives, activities format.

3) Define curriculum goals, objectives and activities in terms and tasks developmentally appropriate for children two through five years old.

4) Plan a curriculum that is cost-efficient and easy to implement with available materials.

5) Secure a panel of two early childhood education professionals and two professionals in substance abuse intervention/prevention to judge the curriculum as developmentally appropriate and ready for use. Allow the panel opportunity for suggestions and criticisms.

Implementation Plan

The following timetable governed implementation of the practicum solution:

Weeks 1-3: Upon approval of the practicum project, this writer contacted four professionals to serve on the panel judging the curriculum. The professionals were contacted by phone, then by follow-up letter (Appendix B: 44). The professionals were chosen on the basis of their experience in their respective areas. One is the director of a large preschool and elementary school serving nearly 500 students. This director has been in the field for 17 years and has a doctorate in early childhood education. The second panel member has been a preschool teacher for 14 years and frequently trains other teachers at conferences and seminars. The third panel member currently serves as the case management coordinator for this practicum writer's

program, but previously was employed for several years as the coordinator of a therapeutic preschool program operated jointly by the county school system and county-wide mental health services program. The fourth panel member is employed by the county school system's Drug Free Schools project. His experience includes the development of a substance abuse prevention/intervention program for elementary school students.

Curriculum goals were to be developed according to accepted developmental practice and scored by the panel using assessment criteria developed by this practicum writer (Appendix C: 45).

Weeks 4-6: Curriculum objectives were developed and rated by the panel using the assessment criteria (Appendix D: 47).

Weeks 7-9: Curriculum activities were developed and rated by the panel using the assessment criteria (Appendix E: 65).

Weeks 10-12: The entire curriculum, including any suggestions or criticisms garnered during the rating process, was judged as effective and ready for use by the panel using the assessment criteria (Appendix F: 73). The curriculum was then submitted for implementation in the practicum writer's child care center.

Only one major deviation from this timetable occurred. This writer did not allow for the natural and inevitable

difference between panel members regarding promptness of responses. Despite allowing for three weeks' handling of each curriculum component and despite clearly specifying a due date for each portion of the curriculum, at least two panel members consistently were late in returning their component evaluations. To compensate for their tardiness and to accommodate the original target date for completion of implementation, this writer decreased handling time for the final two curriculum components to two weeks each. This was not considered detrimental to the project since the final two curriculum components were built largely on preceding evaluations and panel members could quickly recognize their previous input and work from there.

It also should be noted that the assessment instruments were designed separately for each curriculum component, rather than the same assessment being used for all portions as outlined in Chapter 3, Outcome Objectives. This writer found that evaluation of the curriculum components of goals, objectives and activities needed to be specific for each area and that one assessment for all areas would not yield the details necessary to adequately judge each portion's content.

Chapter 5

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

An analysis of the results of this practicum project is best accomplished by examining each outcome objective individually, since each section built upon the preceding curriculum component.

Objective one delineated a period of three months for developing a substance abuse intervention/prevention program (Appendix G: 81) for 22 at-risk preschoolers. This objective was accomplished since curriculum components were limited to goals, objectives and activities and since this writer adapted the timetable to respond to tardy evaluation panel members. Should other practitioners wish to develop similar curricula, this writer suggests a six-month period for fully constructing the curriculum and for the inevitable delays that occur when some panel members are less conscientious than others regarding time frame. Since this writer had the constraint of needing a preschool substance abuse intervention/prevention curriculum soon after her center opened, she chose to limit curriculum components to goals, objectives and activities, and not include complimentary items such as suggested books for reading, possible art projects, specific fingerplays and songs, or

other related items and materials. It has been her experience that preschool teachers appreciate being provided with such curriculum items and she suggests other wishing to implement a similar curriculum might want to include them in their planning. Also, teachers in this writer's center are trained in substance abuse prevention and bring that orientation with them to the preschool classroom. Other preschool teachers do not possess such training and probably would fare better with a curriculum that addresses all instructional possibilities.

Objective two proscribed a preschool substance abuse intervention/prevention program that addressed both cognitive and affective areas of need, including preschoolers' lack of factual substance abuse information and possible emotional instability. This objective was met through careful attention to the writing of the goals, although some might judge the curriculum to be affectively top-heavy. It should be noted that this curriculum was designed for preschoolers from age two to age five. Due to the wide cognitive differences between and among those age levels, this writer chose not to overwhelm her curriculum with information that, however accurate, could not be utilized by that age children. Thus, one of the three curriculum goals is cognitively based, while the other two - improving self-esteem and developing positive relationship skills for resisting peer pressure - belong in the affective

domain. It is these last two goals that the review of the literature showed were the foundation of many successful substance abuse prevention/intervention programs. These last two goals also are more easily adapted to the disparate ages in this writer's center than is factual information on substance abuse.

Objective three provided for a panel of professional volunteers to rate the solution three times during its creation as developmentally appropriate, easily implemented and cost-efficient. The curriculum was rated three times during its creation. However, only the activities and final curriculum asked for assessments on developmental appropriateness, ease of implementation and cost-efficiency. It was not until this writer began focusing on each curriculum component that she realized those three items were not appropriate for individual curriculum areas. For example, the panel might be able to rate goals as to developmental appropriateness, but not necessarily on ease of implemention without knowing how this writer intended to implement the goals. Since the panel was presented first with goals, then objectives and activities, and then the final curriculum, this writer adjusted each section's assessment to better reflect the requisite building blocks each curriculum portion represented. Yet all assessments were designed with the ultimate three goals of developmental

appropriateness, ease of implementation and cost-efficiency in mind.

Assessment criteria for goals (Appendix C: 45) included being realistic for both a preschool and substance abuse curriculum, able to be translated into instructional objectives, and flexible in interpretation. These criteria were developed by this writer to pinpoint factors influencing this specific project. Objectives criteria (Appendix D: 47) took a more global approach since much work has been done on what constitutes well-written objectives, and these factors are not unique to this writer's program. Based on suggestions contained in Teaching the Prekindergarten Child: Instructional Design and Curriculum (Vance, 1973), objectives criteria addressed specificity of desired observable behavior, measures of successful performance of objectives, observability of objectives, relation of objectives to appropriate sequence of learning, allowance for specific planned activities, and allowance for the teacher to respond to "teachable moments." Activities were rated according to developmental appropriateness, ease of implementation, and cost-efficiency, as was the final curriculum. As well, the panel was asked to rate activities on ease of updating and flexibility. Final curriculum assessment (Appendix F: 73) also was designed to measure ability to meet the needs of two- to five-year-olds at risk for substance abuse and the presence of specific and

observable behavioral objectives, since the objectives portion of the curriculum proved to be the biggest stumbling block, as will be explained shortly.

Objective four called for the practicum solution to be rated according to assessment instruments developed by this writer, as outlined above. Additionally, panel members were to be given opportunities to offer suggestions and criticisms. While three of the four panel members chose not to avail themselves of these opportunities, the panel member who himself had developed an elementary school substance abuse prevention/intervention curriculum provided much valuable input.

The panel unanimously rated goals as realistic for a preschool curriculum, realistic for a substance abuse curriculum, able to be translated into instructional objectives and flexible in interpretation. The helpful panel member suggested possible topics for the factual information goal and many were included in the final curriculum.

Three out of four panel members rated the objectives as meeting the listed criteria. Only the helpful panel member truly noted key areas for improvement. For example, in her haste to distribute objectives to the panel prior to attending a summer institute, this writer neglected to include the conditions and time frame for successful performance of all objectives. Objectives were rewritten

for the final curriculum to provide for performance "upon completion of instruction" and to allow for specific time frames for performance to occur. As well, the helpful panel member suggested changing the objective, "When given the name of a drug, the child will be able to label it a 'good' or 'bad' drug," since colloquially "bad" means "cool." This writer substituted "usable" or "not usable" for "good" and "bad." Similarly, the helpful panel member suggested the objective, "The child will be able to say no to drugs that might hurt him/her," be changed since many drug abusers preface their invitations to abuse drugs with, "This won't hurt you." This writer changed the objective to, "The child will say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances." The helpful panel member also thought the objective, "The child will be able to demonstrate ways of treating people well," merited clarification since "treating people well" is open to interpretation. The objective was changed to "demonstrate three ways of interacting positively with people." Likewise, the objective of "choosing 'good' solutions to common problems" was changed to "choosing healthy and/or positive solutions to personal or social problems." The helpful panel member also thought that "demonstrating 'good' feelings and 'bad' feelings" negated the belief that feelings are neither good nor bad - they

just are. That objective also was changed, to "managing difficult feelings."

With the exception of a few minor suggested changes in semantics, the activities portion of the curriculum (Appendix E: 65) was unanimously approved by the panel according to listed criteria.

Objective five for this practicum project called for the solution to be judged as effective and ready for use by the panel as measured by their positive responses on the assessment instrument (Appendix F: 73). All four rated the curriculum as developmentally appropriate, easy to implement, cost-efficient, easily updated, flexible, written with specific and observable behavioral objectives, and able to meet the needs of two- to five-year-olds at risk for substance abuse. As well, all panel members were asked to rank the curriculum according to criteria for successful substance abuse prevention programs (Farquhar, 1988). These criteria indicate that successful substance abuse prevention programs contain a strong no-use message, set positive standards of behavior for youth, give a clear message, invite the youngster to make a choice, include material appropriate for the grade level, and portray parents, teachers and other authority figures as reasonable and sympathetic. On a scale from "not at all" to "somewhat" to "mostly" to "entirely," all panel members rated the preschool substance abuse curriculum as "entirely"

satisfying the criteria for successful substance abuse prevention programs.

Objective six for this practicum solution allowed for the exact nature of the solution to be formulated based upon the literature of substance abuse and preschool program development as it emerged in the information collection section of Chapter 4. This objective was met.

Except for the difficulties encountered with the objectives, only one other significant change was made to the final curriculum. Initially, providing factual information on drugs was goal one. In the final curriculum, it is goal three. This writer discovered, as she worked through the curriculum, that sequence of instruction was more logical if the factual information was last, since it relies upon information presented in the other two goals. Ranking of goals refers not to their merit but rather to their reasonable place in the sequential flow of instruction.

Overall, this writer is pleased with the curriculum that has emerged from this practicum project and she will submit it for implementation in her child care program. She would like to augment the curriculum as time allows to include additional items such as suggested books, art patterns and fingerplays. But three months after her program has begun enrolling children, she is aware more than ever of the need to provide even the barest substance abuse

intervention/prevention information to at-risk preschoolers. It is hoped that this curriculum is the foundation of many successful efforts to assist children at risk for substance abuse.

Follow On

Given the overwhelming interest in substance abuse prevention, and the increasing concern about the quality of early childhood education, it is expected that the results of this practicum project will be of interest to early childhood educators and substance abuse prevention professionals. As well, the results could be utilized by parents with children, or by youth group leaders with clubs and organizations. This writer intends to publish the results of this practicum project for practical use in a variety of settings. She already has assembled some of the information into an article that is being reviewed for publication in an early childhood education journal. As well, this writer and an educator with a doctorate in early childhood education will present at the Southern Association on Children Under Six regional conference next spring. This presentation will include information on the preschool substance abuse curriculum developed during this practicum project. Should similar occasions arise, this writer is willing to present the material at conferences for early childhood and/or substance abuse professionals.

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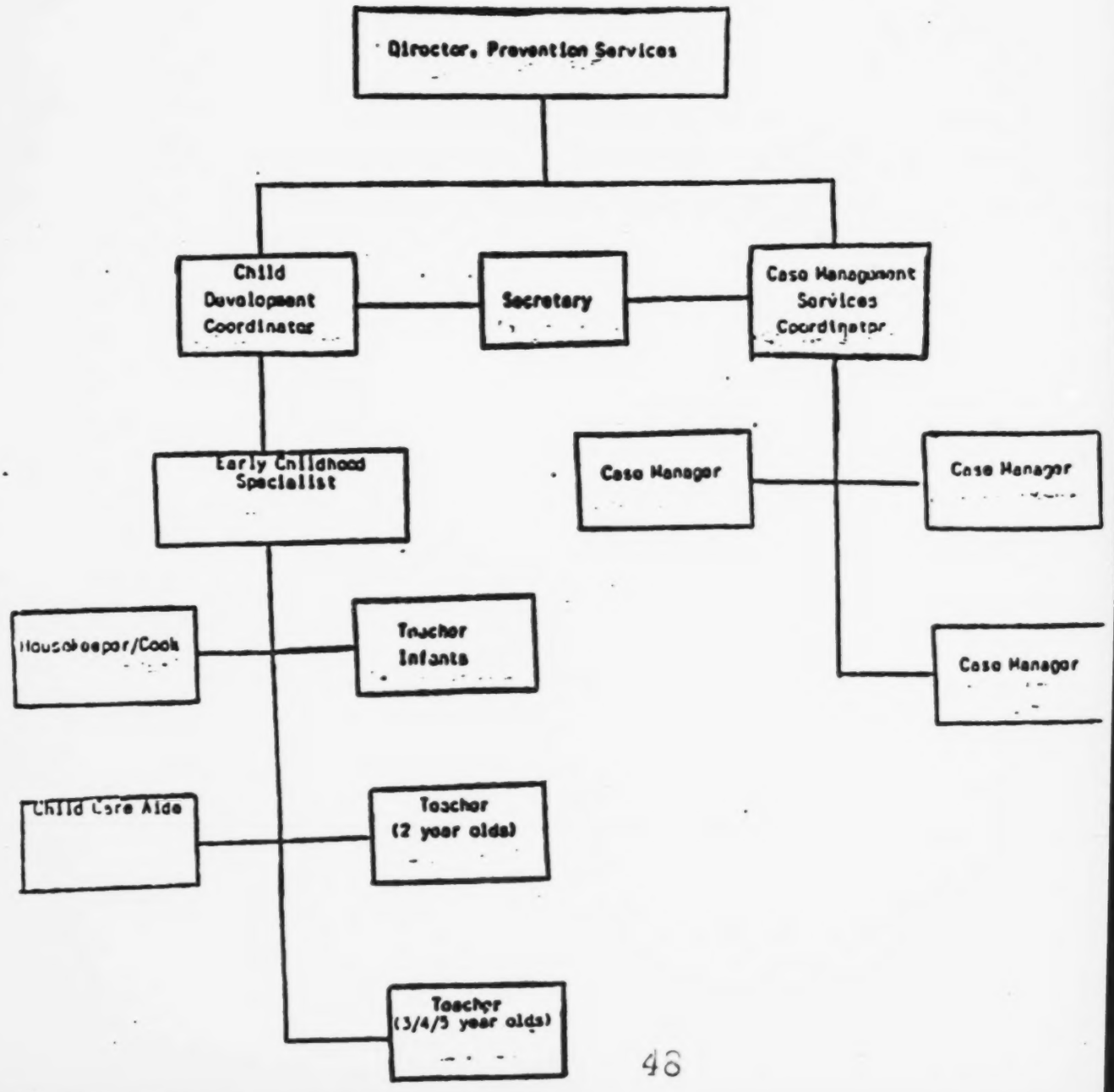
Appendix A

ORGANIZATIONAL CHART



Appendix B

LETTER TO PANEL MEMBERS

Dear _____:

Thank you for agreeing to serve on a panel of professionals to evaluate the preschool substance abuse curriculum I propose. As I mentioned on the telephone, the curriculum is being developed for the Child Development and Family Guidance Center as a practicum project for my master's degree in Child Care Administration at Nova University.

Your involvement will extend over an approximate three-month period. The curriculum as I propose it will be written into goals, objectives and activities. Within the next three weeks, I will send you curriculum goals to evaluate according to an assessment designed to rate developmental appropriateness, content, flexibility, ease of implementation and cost-efficiency, among others. In addition, I will ask for your suggestions and criticisms. Within three weeks after that, you will receive objectives for your feedback and, in the three weeks following that, you will receive activities for feedback. Finally, at the end of the three-month period, you will receive the entire curriculum for final evaluation.

I appreciate your interest in this project and your willingness to participate on the evaluation panel. If you have any questions, please feel free to contact me at any time.

Appendix C

GOALS EVALUATION FORM

July 2, 1988

Dear Panel Member,

The following goals have been established as the core of the preschool substance abuse prevention curriculum which you are being asked to evaluate. From these goals will be formulated objectives and activities. Please rate each goal on the criteria listed and return to me by July 23 in the enclosed envelope. If you have any questions, please don't hesitate to call. Thanks so much!

Goal 1: To provide factual information about drugs.

	No	Yes
Is this goal:		
Realistic for a preschool curriculum?	____	____
Realistic for a substance abuse curriculum?	____	____
Able to be translated into instructional objectives?	____	____
Flexible in interpretation?	____	____

Goal 2: To help children 2 to 5 develop skills for resisting peer pressure.

	No	Yes
Is this goal:		
Realistic for a preschool curriculum?	____	_____
Realistic for a substance abuse prevention curriculum?	____	___
Able to be translated into instructional objectives?	____	____
Flexible in interpretation?	____	____

Goal 3: To assist children 2 to 5 in improving their self-esteem.

Is this goal:	No	Yes
Realistic for a preschool curriculum?	____	_____
Realistic for a substance abuse prevention curriculum?	____	___
Able to be translated into instructional objectives?	____	____
Flexible in interpretation?	____	____

In the space below, please make suggestions and offer criticisms regarding these goals:

Appendix D

OBJECTIVES EVALUATION

July 25, 1988

Dear Panel Member,

The following objectives have been established for the preschool substance abuse prevention curriculum which you are being asked to evaluate. Learning activities will be derived from these objectives. Please rate each objective on the criteria listed and return to me by Aug. 15 in the enclosed envelope. If you have any questions, please don't hesitate to call. Again, thanks so much!

OBJECTIVES EVALUATION

(Goal: Factual information about drugs)

Objective 1: The child will be able to recognize and name at least three drugs out of five.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable?	____	____

If no, please explain: _____

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_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

Objective 2: When given the name of a drug, the child will be able to label it a "good" or "bad" drug.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

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_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

_____

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_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

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_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

_____

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_____

Objective 3: The child will be able to say no to drugs that might hurt him/her.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	___	___

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable?	___	___

If no, please explain: _____

_____

_____

_____

Can the objective be related to the appropriate sequence of learning?	___	___

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned?	___	___

If no, please explain: _____

_____

_____

_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

(Goal: Developing skills for resisting peer pressure)

Objective 1: The child will name parents, teachers and friends as people to turn to in times of stress.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable?	____	____

If no, please explain: _____

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_____

Can the objective be related to the appropriate sequence of learning?	____	____

If no, please explain: _____

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_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

Objective 2: The child will be able to demonstrate ways of treating people well.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

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_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

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Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

Objective 3: The child will be able to demonstrate what happens when he/she does not treat people well.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable?	____	____

If no, please explain: _____

_____

_____

_____

Can the objective be related to the appropriate sequence of learning?	____	____

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned?	____	____

If no, please explain: _____

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_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

_____

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_____

Objective 4: The child will be able to choose "good" solutions to common problems.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____
Is this objective specific enough to be observable?	____	____
Can the objective be related to the appropriate sequence of learning?	____	____

If no, please explain: _____

_____

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If no, please explain: _____

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If no, please explain: _____

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Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

Objective 5: The child will be able to correctly express a need for help or assistance.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

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_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

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_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

_____

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_____

(Goal: Improving self-esteem)

Objective 1: The child will be able to name at least three major feelings.

No Yes

Does this objective contain the desired observable behavior, the

circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective? ___ ___

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ___ ___

If no, please explain: _____

_____

_____

_____

Can the objective be related to the appropriate sequence of learning? ___ ___

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned? ___ ___

If no, please explain: _____

_____

_____

_____

Does this objective allow the teacher to respond to "teachable moments"? ___ ___

If no, please explain: _____

_____

_____

_____

Objective 2: The child will be able to demonstrate "good" feelings and "bad" feelings.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable?	____	____

If no, please explain: _____

_____

_____

_____

Can the objective be related to the appropriate sequence of learning?	____	____

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

_____

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_____

Objective 3: The child will be able to name people who can help him/her with his/her feelings.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

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_____

_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

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_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

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_____

Objective 4: The child will be able to name things that are healthy and make him/her feel good.

	No	Yes
Does this objective contain the desired observable behavior, the circumstances or conditions under which the behavior is expected to be performed, and what constitutes successful performance of the objective?	____	____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

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_____

_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

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_____

_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

_____

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_____

Objective 5: The child will be able to list ways he/she is special.

No Yes

Does this objective contain the desired observable behavior, the circumstances or conditions under

which the behavior is expected to be performed, and what constitutes successful performance of the objective? ____ ____

If no, please explain: _____

_____

_____

_____

Is this objective specific enough to be observable? ____ ____

If no, please explain: _____

_____

_____

_____

Can the objective be related to the appropriate sequence of learning? ____ ____

If no, please explain: _____

_____

_____

_____

Will this objective allow for specific desired activities that can be planned? ____ ____

If no, please explain: _____

_____

_____

_____

Does this objective allow the teacher to respond to "teachable moments"? ____ ____

If no, please explain: _____

In the space below, please make suggestions or offer critcisms regarding these objectives:

Appendix E

ACTIVITIES EVALUATION

Aug. 29, 1988

Dear Panel Member,

The following activities have been established for the preschool substance abuse prevention curriculum which you are being asked to evaluate. This is the final portion of the curriculum to be evaluated before you will be asked to judge the entire curriculum. Please rate each activity on the criteria listed and return to me by Sept. 12 in the enclosed envelope. If you have any questions, please don't hesitate to call. Again, thanks so much!

ACTIVITIES EVALUATION

For the staff of the writer's center, it is recommended that each goal be implemented during the daily 15-minute circle designated for social growth/health. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. Should other preschools desire to utilize this curriculum, it is recommended that each goal be allotted at least one week of implementation. This time period may vary according to need, children's developmental levels and number of objectives and activities. Activities provided are designed to accomplish the objectives for each goal and may be repeated frequently, since repetition is an important part of any preschool curriculum. Appropriate fingerplays, songs and books should be included daily. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists, substance abuse prevention specialists, etc. The writer acknowledges that many activities (such as those dealing with positive interactions with people and self-esteem) should be reinforced on a daily, ongoing basis and encourages teachers to do so.

Goal: To assist children 2 to 5 in improving their self-esteem

Objective 1: Upon completion of instruction, the child will be able to list ways he/she is special.

Objective 2: Upon completion of instruction, the child will be able to recognize and name at least three major feelings.

Objective 3: Upon completion of instruction, the child will be able to identify ways of managing difficult feelings.

Objective 4: Upon completion of instruction, the child will be able to name people who can help him/her manage his/her feelings.

Objective 5: Upon completion of instruction, the child will be able to name several emotions that are healthy and make him/her feel good.

Activities:

1. At the beginning of this goal's implementation, take each child's picture and talk with each child about what makes him/her special. Mount the child's picture along with his/her comments and display in the classroom. Refer to the pictures throughout the goal's implementation when children display characteristics they have highlighted for themselves or when activities dovetail with those characteristics.

2. Insert a mirror big enough for the children to see themselves in the bottom of a large brown bag. Inform the children there is "something special" in the bag and tell them each may look one at a time as you pass the bag around. As you pass the bag around, sing the following song to the tune of Are You Sleeping?

I am special, I am special.
If you look, you will see.
I am very special, I am very special.
Look it's me! Look it's me!

Discuss what makes each child special. Hand each child his/her photo and let him/her tell the other children what makes him/her special.

3. Weigh each child and measure his/her height. Ask him/her to draw a picture of himself/herself. Ask him/her what are his/her favorite things. On a large sheet of paper, mount the child's drawing along with his/her statistics and favorites. Display in the classroom.

4. An appropriate way to talk about feelings is to sing If You're Happy and You Know It. Make a face corresponding to the emotions of happy, sad, angry, confused, and ask children what your face looks like each time. Discuss instances where children might experience each of those emotions.

5. Present pictures of things that make children happy. Discuss. Have children close eyes, remove one picture, and ask them to look and see what's missing. Do likewise on succeeding days with sadness, anger, confusion.

6. Discuss with children how people look when they are sad, happy, angry, confused, and how they feel. Present children with four simple faces depicting happy, angry, sad and confused emotions. Taking turns, ask each child to place a face on the appropriate matching expression.

9. Tell short stories and ask questions about how the characters felt. Discuss which emotions tend to make people feel good and which make people feel bad. For more sophisticated children, paste happy, sad, angry, confused faces on a small square box and invite each child to toss the box in the air. Ask each child to tell a story about the emotion that lands on top.

10. Make a board with four pockets depicting happy, sad, angry and confused faces. Using simple pictures of events familiar to the child, ask each child to place the event picture in the appropriate pocket. Discuss.

11. Play a game by having one child portray an emotion and the others guess what it is. Discuss how the child looked when he/she showed the emotion, and how he/she might have felt.

12. Discuss with children what to do when they're experiencing an unfamiliar emotion or a powerful feeling. Include solutions such as playing outside, listening to music, looking at a book, pounding a pillow. Role play situations and let children come up with appropriate ways to manage emotions. In conjunction with this activity, let children decorate brown paper bags, stuff with newspaper and tie with yarn. Each child then has a "punching bag" to take home and use when he/she feels angry.

	No	Yes
Are these activities:		
Developmentally appropriate?	____	____

	No	Yes
Easy to implement?	____	____
Cost-efficient?	____	____
Easily updated?	____	____
Flexible?	____	____

If no, please explain: _____

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Goal: To help children 2 to 5 develop positive relationship skills for resisting peer pressure

Objective 1: Upon completion of instruction, the child will name parents, teachers and friends as people to turn to in times of stress.

Objective 2: Upon completion of instruction, the child will be able to demonstrate three ways of interacting positively with people.

Objective 3: Upon completion of instruction, the child will be able to relate three things that could happen when he/she does not interact positively with people.

Objective 4: Upon completion of instruction, the child will choose healthy and/or positive solutions to personal and social problems.

Objective 5: Upon completion of instruction, the child will be able to correctly express a need for help or assistance.

Activities:

1. Select several items that represent mothers and place in opaque bag. Tell children that in the bag are some things that a mother uses, and that the class is going to play the guessing game, "What's in the Bag?" As children guess items in the bag, remove the item and discuss how and why mothers use it. Emphasize positive aspects of motherly behavior. Repeat activity for fathers, children and

teachers, using discussion to highlight positive ways these people interact.

2. Place a picture of a mother, father, child and teacher in front of the children. In a box, place pictures of several events when a child might need assistance, such as being hurt, being approached by a stranger, being offered a cigarette, being angry. Invite each child to choose a picture from the box and discuss what is happening. Then ask the child to place the event picture on the picture of the person he/she would ask for help. Discuss.

3. Play a variation of the popular "Bear Hunt" game by telling the children they will be going on a "Help Hunt." Using appropriate gestures and sounds, take the children on an imaginary trip, such as to the supermarket or to the park. Along the way, present children with "dilemmas" such as getting lost in a big store, being approached by an older child who wants to sell drugs, being encouraged by an older sibling to do something uncomfortable, etc. Ask what they would do and direct discussion to positive approaches to problems.

4. Tell children to sit in a circle because you have something to pass around. Hug the child next to you and whisper in his/her ear to do likewise and pass the instruction around. Discuss how the children felt. Do likewise with handshakes, smiles, etc., being careful not to initiate activity that might be uncomfortable. Discuss how hugs, smiles, handshakes make people feel good and are a positive way to interact with people.

5. Recalling the previous activity of positive interactions, present a picture of some event that depicts a negative interaction, such as children fighting over a toy. Ask children how those in the picture might feel as a result of the negative interaction. Ask children for a positive substitute to the negative interaction. Repeat with other pictures of negative interactions.

6. Make a big smile on a piece of paper and a big frown on another piece of paper. Using pictures from the previous activity and pictures of positive interactions, ask children individually to place a picture on the appropriate feeling it evokes - whether the interaction would make them smile or frown. Discuss.

7. Set up "centers" around the room that represent healthy and/or positive solutions to children's personal and social problems. Point out the "centers" to the children and discuss why they represent positive solutions. Choose one child to be "it." Present the child with a personal or

social problem that might happen to him/her. Ask him/her to choose a "center" that represents a comfortable solution to him/her and tell why. Discuss.

8. Using dolls or puppets representing familiar figures to the child (i.e., father, mother, child), act out a personal or social problem. Ask children to tell how he/she would solve the problem. Repeat with other problem situations.

9. Discuss with children the correct ways of asking for help or assistance. Take children for a walk around the center and tell them while they are out they will have several chances to use those skills. Prearrange with other staff members to play-act scenarios in which children would need to ask for help. For example, arrange to have a gate through which children enter the playground locked, and the maintenance person nearby. Pose the problem to the children and invite one to ask the maintenance person for assistance. Another scenario might involve a teacher who has lost something. Carefully presented, a scenario could include coming upon someone smoking a cigarette and offering one to the children.

	No	Yes
Are these activities:		
Developmentally appropriate?	____	____
Easy to implement?	____	____
Cost-efficient?	____	____
Easily updated?	____	____
Flexible?	____	____

If no, please explain: _____

_____

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_____

Goal: To provide children 2 to 5 with factual information about drugs

Objective 1: Upon completion of instruction, the child will be able to recognize and name at least three drugs out of five.

Objective 2: Upon completion of instruction, when given the name of a drug, the child will be able to label it a usable or not usable drug.

Objective 3: Upon completion of instruction, the child will say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances.

1. Discuss what drugs are, and make the distinction between drugs prescribed by a doctor and purchased at a pharmacy and drugs offered by an abusing parent, older sibling or friend. Provide examples of drugs such as aspirin, rubbing alcohol, empty can of beer, pack of cigarettes, picture of crack cocaine, making certain to include examples of "accepted" drugs among the choices. Place in a line and ask children to close their eyes. Remove one item, choose a child and ask him/her what's missing. Continue with remainder of children.

2. Place in front of the children a doctor's bag or first aid kit and a trashcan. Using examples of drugs from previous activity, discuss drugs again and ask children to place drugs in appropriate receptacle.

3. Make a mouth and paste on a box, cutting an opening so that items may be inserted through the mouth into the box. Make another mouth and paste on a box, but make no opening. Explain to the children that the open mouth represents a place for drugs that they may use safely when they are sick or when they are given by a doctor, nurse, caring parent, etc. The other represents a place for drugs that cannot be used safely or that are not distributed by a doctor, nurse, etc. Give children examples of drugs and ask them to place in the appropriate place. Discuss.

4. Discuss with the children saying "yes" or "no" to drugs offered by inappropriate people or in inappropriate circumstances. Using puppets or dolls, play-act situations in which the children might be offered drugs. Encourage the children to shout "yes" to appropriate situations and "no" to inappropriate situations.

5. Give each child several tokens that represent "yes." Present pictures of appropriate and inappropriate people who might offer drugs and appropriate and inappropriate circumstances in which drugs might be offered. Discuss each picture and invite children individually to decide whether each situation merits a "yes" token or not. Ask children to place tokens on appropriate situations.

	No	Yes
Are these activities:		
Developmentally appropriate?	____	____
Easy to implement?	____	____
Cost-efficient?	____	____
Easily updated?	____	____
Flexible?	____	____

If no, please explain: _____

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Appendix F

CURRICULUM EVALUATION

Sept. 18, 1988

Dear Panel Member,

The following is the complete preschool substance abuse curriculum reflecting your previous evaluation of goals, objectives and activities. Please rate the curriculum on the criteria listed and return to me by Sept. 30 in the enclosed envelope. If you have any questions, please don't hesitate to call.

I want to take this opportunity to thank you for the time and energy you have invested in this curriculum evaluation. Your efforts have helped establish a preschool substance abuse prevention/intervention program where none existed before, and thus you have benefitted children in need.

CURRICULUM EVALUATION

For the staff of the writer's center, it is recommended that each goal be implemented during the daily 15-minute circle designated for social growth/health. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. Should other preschools desire to utilize this curriculum, it is recommended that each goal be allotted at least one week of implementation. This time period may vary according to need, children's developmental levels and number of objectives and activities. Activities provided are designed to accomplish the objectives for each goal and may be repeated frequently, since repetition is an important part of any preschool curriculum. Appropriate fingerplays, songs and books should be included daily. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists, substance abuse prevention specialists, etc. The writer acknowledges that many activities (such as those dealing with positive interactions with people and self-esteem) should be reinforced on a daily, ongoing basis and encourages teachers to do so.

Goal: To assist children 2 to 5 in improving their self-esteem

Objective 1: Upon completion of instruction, the child will be able to list ways he/she is special.

Objective 2: Upon completion of instruction, the child will be able to recognize and name at least three major feelings.

Objective 3: Upon completion of instruction, the child will be able to identify ways of managing difficult feelings.

Objective 4: Upon completion of instruction, the child will be able to name people who can help him/her manage his/her feelings.

Objective 5: Upon completion of instruction, the child will be able to name several emotions that are healthy and make him/her feel good.

Activities:

1. At the beginning of this goal's implementation, take each child's picture and talk with each child about what makes him/her special. Mount the child's picture along with his/her comments and display in the classroom. Refer to the pictures throughout the goal's implementation when children display characteristics they have highlighted for themselves or when activities dovetail with those characteristics.

2. Insert a mirror big enough for the children to see themselves in the bottom of a large brown bag. Inform the children there is "something special" in the bag and tell them each may look one at a time as you pass the bag around. As you pass the bag around, sing the following song to the tune of Are You Sleeping?

I am special, I am special.
If you look, you will see.
I am very special, I am very special.
Look it's me! Look it's me!

Discuss what makes each child special. Hand each child his/her photo and let him/her tell the other children what makes him/her special.

3. Weigh each child and measure his/her height. Ask him/her to draw a picture of himself/herself. Ask him/her what are his/her favorite things. On a large sheet of paper, mount the child's drawing along with his/her statistics and favorites. Display in the classroom.

4. An appropriate way to talk about feelings is to sing If You're Happy and You Know It. Make a face corresponding to the emotions of happy, sad, angry,

confused, and ask children what your face looks like each time. Discuss instances where children might experience each of those emotions.

5. Present pictures of things that make children happy. Discuss. Have children close eyes, remove one picture, and ask them to look and see what's missing. Do likewise on succeeding days with sadness, anger, confusion.

6. Discuss with children how people look when they are sad, happy, angry, confused, and how they feel. Present children with four simple faces depicting happy, angry, sad and confused emotions. Taking turns, ask each child to place a face on the appropriate matching expression.

9. Tell short stories and ask questions about how the characters felt. Discuss which emotions tend to make people feel good and which make people feel bad. For more sophisticated children, paste happy, sad, angry, confused faces on a small square box and invite each child to toss the box in the air. Ask each child to tell a story about the emotion that lands on top.

10. Make a board with four pockets depicting happy, sad, angry and confused faces. Using simple pictures of events familiar to the child, ask each child to place the event picture in the appropriate pocket. Discuss.

11. Play a game by having one child portray an emotion and the others guess what it is. Discuss how the child looked when he/she showed the emotion, and how he/she might have felt.

12. Discuss with children what to do when they're experiencing an unfamiliar emotion or a powerful feeling. Include solutions such as playing outside, listening to music, looking at a book, pounding a pillow. Role play situations and let children come up with appropriate ways to manage emotions. In conjunction with this activity, let children decorate brown paper bags, stuff with newspaper and tie with yarn. Each child then has a "punching bag" to take home and use when he/she feels angry.

Goal: To help children 2 to 5 develop positive relationship skills for resisting peer pressure

Objective 1: Upon completion of instruction, the child will name parents, teachers and friends as people to turn to in times of stress.

Objective 2: Upon completion of instruction, the child will be able to demonstrate three ways of interacting positively with people.

Objective 3: Upon completion of instruction, the child will be able to relate three things that could happen when he/she does not interact positively with people.

Objective 4: Upon completion of instruction, the child will choose healthy and/or positive solutions to personal and social problems.

Objective 5: Upon completion of instruction, the child will be able to correctly express a need for help or assistance.

Activities:

1. Select several items that represent mothers and place in opaque bag. Tell children that in the bag are some things that a mother would use, and that the class is going to play the guessing game, "What's in the Bag?" As children guess items in the bag, remove the item and discuss how and why mothers use it. Emphasize positive aspects of motherly behavior. Repeat activity for fathers, children and teachers, using discussion to highlight positive ways these people interact.

2. Place a picture of a mother, father, child and teacher in front of the children. In a box, place pictures of several events when a child might need assistance, such as being hurt, being approached by a stranger, being offered a cigarette, being angry. Invite each child to choose a picture from the box and discuss what is happening. Then ask the child to place the event picture on the picture of the person he/she would ask for help. Discuss.

3. Play a variation of the popular "Bear Hunt" game by telling the children they will be going on a "Help Hunt." Using appropriate gestures and sounds, take the children on an imaginary trip, such as to the supermarket or to the park. Along the way, present children with "dilemmas" such as getting lost in a big store, being approached by an older child who wants to sell drugs, being encouraged by an older sibling to do something uncomfortable, etc. Ask what they would do and direct discussion to positive approaches to problems.

4. Tell children to sit in a circle because you have something to pass around. Hug the child next to you and whisper in his/her ear to do likewise and pass the instruction around. Discuss how the children felt. Do

likewise with handshakes, smiles, etc., being careful not to initiate activity that might be uncomfortable. Discuss how hugs, smiles, handshakes make people feel good and are a positive way to interact with people.

5. Recalling the previous activity of positive interactions, present a picture of some event that depicts a negative interaction, such as children fighting over a toy. Ask children how those in the picture might feel as a result of the negative interaction. Ask children for a positive substitute to the negative interaction. Repeat with other pictures of negative interactions.

6. Make a big smile on a piece of paper and a big frown on another piece of paper. Using pictures from the previous activity and pictures of positive interactions, ask children individually to place a picture on the appropriate feeling it evokes - whether the interaction would make them smile or frown. Discuss.

7. Set up "centers" around the room that represent healthy and/or positive solutions to children's personal and social problems. Point out the "centers" to the children and discuss why they represent positive solutions. Choose one child to be "it." Present the child with a personal or social problem that might happen to him/her. Ask him/her to choose a "center" that represents a comfortable solution to him/her and tell why. Discuss.

8. Using dolls or puppets representing familiar figures to the child (i.e., father, mother, child), act out a personal or social problem. Ask children to tell how he/she would solve the problem. Repeat with other problem situations.

9. Discuss with children the correct ways of asking for help or assistance. Take children for a walk around the center and tell them while they are out they will have several chances to use those skills. Prearrange with other staff members to play-act scenarios in which children would need to ask for help. For example, arrange to have a gate through which children enter the playground locked, and the maintenance person nearby. Pose the problem to the children and invite one to ask the maintenance person for assistance. Another scenario might involve a teacher who has lost something. Carefully presented, a scenario could include coming upon someone smoking a cigarette and offering one to the children.

Goal: To provide children 2 to 5 with factual information about drugs

Objective 1: Upon completion of instruction, the child will be able to recognize and name at least three drugs out of five.

Objective 2: Upon completion of instruction, when given the name of a drug, the child will be able to label it a usable or not usable drug.

Objective 3: Upon completion of instruction, the child will say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances.

Activities:

1. Discuss what drugs are, and make the distinction between drugs prescribed by a doctor and purchased at a pharmacy and drugs offered by an abusing parent, older sibling or friend. Provide examples of drugs such as aspirin, rubbing alcohol, empty can of beer, pack of cigarettes, picture of crack cocaine, making certain to include examples of "accepted" drugs among the choices. Place in a line and ask children to close their eyes. Remove one item, choose a child and ask him/her what's missing. Continue with remainder of children.

2. Place in front of the children a doctor's bag or first aid kit and a trashcan. Using examples of drugs from previous activity, discuss drugs again and ask children to place drugs in appropriate receptacle.

3. Make a mouth and paste on a box, cutting an opening so that items may be inserted through the mouth into the box. Make another mouth and paste on a box, but make no opening. Explain to the children that the open mouth represents a place for drugs that they may use when the drugs are given by a doctor, nurse, caring parent, etc. The other represents a place for drugs that are not distributed by a doctor, nurse, etc. Give children examples of drugs and ask them to put in the appropriate place. Discuss.

4. Discuss with the children saying "no" to drugs offered by inappropriate people or in inappropriate circumstances. Using puppets or dolls, play-act situations in which the children might be offered drugs. Encourage the children to shout "yes" to appropriate situations and

"no" to inappropriate situations.

5. Give each child several tokens that represent "yes." Present pictures of appropriate and inappropriate people who might offer drugs and appropriate and inappropriate circumstances in which drugs might be offered. Discuss each picture and invite children individually to decide whether each situation merits a "yes" token or not. Invite children to place tokens on appropriate situations.

EVALUATION

	No	Yes
Is this curriculum:		
Developmentally appropriate?	____	____
Easy to implement?	____	____
Cost-efficient?	____	____
Easily updated?	____	____
Flexible?	____	____
Written with specific and observable behavioral objectives?	____	____
Able to meet the needs of two- to five-year-olds at risk for substance abuse?	____	____

If no, please explain: _____

_____

_____

_____

Studies have shown that successful substance abuse prevention curricula contain a strong no-use message, set positive standards of behavior for youth, give a clear message, invite the youngster to make a choice, include material appropriate for the grade level, and portray

parents, teachers and other authority figures as reasonable and sympathetic. Please rate this curriculum on the following scale in terms of those criteria:

This curriculum satisfies the criteria for a successful substance abuse prevention program:

Not At All Somewhat Mostly Entirely

/ / / / / / / / / / / / / / / / / / / /

Please explain: _____

_____

_____

_____

In the space below, please make suggestions and offer criticisms regarding this curriculum:

Appendix G

PRESCHOOL SUBSTANCE ABUSE
PREVENTION CURRICULUM

For the staff of the writer's center, it is recommended that each goal be implemented during the daily 15-minute circle designated for social growth/health. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. Should other preschools desire to utilize this curriculum, it is recommended that each goal be allotted at least one week of implementation. This time period may vary according to need, children's developmental levels and number of objectives and activities. Activities provided are designed to accomplish the objectives for each goal and may be repeated frequently, since repetition is an important part of any preschool curriculum. Appropriate fingerplays, songs and books should be included daily. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists, substance abuse prevention specialists, etc. The writer acknowledges that many activities (such as those dealing with positive interactions with people and self-esteem) should be reinforced on a daily, ongoing basis and encourages teachers to do so.

Goal: To assist children 2 to 5 in improving their self-esteem

Objective 1: Upon completion of instruction, the child will be able to list ways he/she is special.

Objective 2: Upon completion of instruction, the child will be able to recognize and name at least three major feelings.

Objective 3: Upon completion of instruction, the child will be able to identify ways of managing difficult feelings.

Objective 4: Upon completion of instruction, the child will be able to name people who can help him/her manage his/her feelings.

Objective 5: Upon completion of instruction, the child will be able to name several emotions that are healthy and make him/her feel good.

Activities:

1. At the beginning of this goal's implementation, take each child's picture and talk with each child about what makes him/her special. Mount the child's picture along with his/her comments and display in the classroom. Refer to the pictures throughout the goal's implementation when children display characteristics they have highlighted for themselves or when activities dovetail with those characteristics.

2. Insert a mirror big enough for the children to see themselves in the bottom of a large brown bag. Inform the children there is "something special" in the bag and tell them each may look one at a time as you pass the bag around. As you pass the bag around, sing the following song to the tune of Are You Sleeping?

I am special, I am special.
If you look, you will see.
I am very special, I am very special.
Look it's me! Look it's me!

Discuss what makes each child special. Hand each child his/her photo and let him/her tell the other children what makes him/her special.

3. Weigh each child and measure his/her height. Ask him/her to draw a picture of himself/herself. Ask him/her what are his/her favorite things. On a large sheet of paper, mount the child's drawing along with his/her statistics and favorites. Display in the classroom.

4. An appropriate way to talk about feelings is to sing If You're Happy and You Know It. Make a face corresponding to the emotions of happy, sad, angry, confused, and ask children what your face looks like each time. Discuss instances where children might experience each of those emotions.

5. Present pictures of things that make children happy. Discuss. Have children close eyes, remove one picture, and ask them to look and see what's missing. Do likewise on succeeding days with sadness, anger, confusion.

6. Discuss with children how people look when they are sad, happy, angry, confused, and how they feel. Present children with four simple faces depicting happy, angry, sad and confused emotions. Taking turns, ask each child to place a face on the appropriate matching expression.

9. Tell short stories and ask questions about how the characters felt. Discuss which emotions tend to make people feel good and which make people feel bad. For more sophisticated children, paste happy, sad, angry, confused faces on a small square box and invite each child to toss the box in the air. Ask each child to tell a story about the emotion that lands on top.

10. Make a board with four pockets depicting happy, sad, angry and confused faces. Using simple pictures of events familiar to the child, ask each child to place the event picture in the appropriate pocket. Discuss.

11. Play a game by having one child portray an emotion and the others guess what it is. Discuss how the child looked when he/she showed the emotion, and how he/she might have felt.

12. Discuss with children what to do when they're experiencing an unfamiliar emotion or a powerful feeling. Include solutions such as playing outside, listening to music, looking at a book, pounding a pillow. Role play situations and let children come up with appropriate ways to manage emotions. In conjunction with this activity, let children decorate brown paper bags, stuff with newspaper and tie with yarn. Each child then has a "punching bag" to take home and use when he/she feels angry.

Goal: To help children 2 to 5 develop positive relationship skills for resisting peer pressure

Objective 1: Upon completion of instruction, the child will name parents, teachers and friends as people to turn to in times of stress.

Objective 2: Upon completion of instruction, the child will be able to demonstrate three ways of interacting positively with people.

Objective 3: Upon completion of instruction, the child will be able to relate three things that could happen when he/she does not interact positively with people.

Objective 4: Upon completion of instruction, the child will choose healthy and/or positive solutions to personal and social problems.

Objective 5: Upon completion of instruction, the child will be able to correctly express a need for help or assistance.

Activities:

1. Select several items that represent mothers and place in opaque bag. Tell children that in the bag are some things that a mother would use, and that the class is going to play the guessing game, "What's in the Bag?" As children guess items in the bag, remove the item and discuss how and why mothers use it. Emphasize positive aspects of motherly behavior. Repeat activity for fathers, children and teachers, using discussion to highlight positive ways these people interact.

2. Place a picture of a mother, father, child and teacher in front of the children. In a box, place pictures of several events when a child might need assistance, such as being hurt, being approached by a stranger, being offered a cigarette, being angry. Invite each child to choose a picture from the box and discuss what is happening. Then ask the child to place the event picture on the picture of the person he/she would ask for help. Discuss.

3. Play a variation of the popular "Bear Hunt" game by telling the children they will be going on a "Help Hunt." Using appropriate gestures and sounds, take the children on an imaginary trip, such as to the supermarket or to the park. Along the way, present children with "dilemmas" such as getting lost in a big store, being approached by an older child who wants to sell drugs, being encouraged by an older sibling to do something uncomfortable, etc. Ask what they would do and direct discussion to positive approaches to problems.

4. Tell children to sit in a circle because you have something to pass around. Hug the child next to you and whisper in his/her ear to do likewise and pass the instruction around. Discuss how the children feel. Do likewise with handshakes, smiles, etc., being careful not to initiate activity that might be uncomfortable. Discuss how hugs, smiles, handshakes make people feel good and are a positive way to interact with people.

5. Recalling the previous activity of positive interactions, present a picture of some event that depicts a negative interaction, such as children fighting over a toy. Ask children how those in the picture might feel as a result of the negative interaction. Ask children for a positive substitute to the negative interaction. Repeat with other pictures of negative interactions.

6. Make a big smile on a piece of paper and a big frown on another piece of paper. Using pictures from the previous activity and pictures of positive interactions, ask

children individually to place a picture on the appropriate feeling it evokes - whether the interaction would make them smile or frown. Discuss.

7. Set up "centers" around the room that represent healthy and/or positive solutions to children's personal and social problems. Point out the "centers" to the children and discuss why they represent positive solutions. Choose one child to be "it." Present the child with a personal or social problem that might happen to him/her. Ask him/her to choose a "center" that represents a comfortable solution to him/her and tell why. Discuss.

8. Using dolls or puppets representing familiar figures to the child (i.e., father, mother, child), act out a personal or social problem. Ask children to tell how he/she would solve the problem. Repeat with other problem situations.

9. Discuss with children the correct ways of asking for help or assistance. Take children for a walk around the center and tell them while they are out they will have several chances to use those skills. Prearrange with other staff members to play-act scenarios in which children would need to ask for help. For example, arrange to have a gate through which children enter the playground locked, and the maintenance person nearby. Pose the problem to the children and invite one to ask the maintenance person for assistance. Another scenario might involve a teacher who has lost something. Carefully presented, a scenario could include coming upon someone smoking a cigarette and offering one to the children.

Goal: To provide children 2 to 5 with factual information about drugs

Objective 1: Upon completion of instruction, the child will be able to recognize and name at least three drugs out of five.

Objective 2: Upon completion of instruction, when given the name of a drug, the child will be able to label it a usable or not usable drug.

Objective 3: Upon completion of instruction, the child will say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances.

Activities:

1. Discuss what drugs are, and make the distinction between drugs prescribed by a doctor and purchased at a

pharmacy and drugs offered by an abusing parent, older sibling or friend. Provide examples of drugs such as aspirin, rubbing alcohol, empty can of beer, pack of cigarettes, picture of crack cocaine, making certain to include examples of "accepted" drugs among the choices. Place in a line and ask children to close their eyes. Remove one item, choose a child and ask him/her what's missing. Continue with remainder of children.

2. Place in front of the children a doctor's bag or first aid kit and a trashcan. Using examples of drugs from previous activity, discuss drugs again and ask children to place drugs in appropriate receptacle.

3. Make a mouth and paste on a box, cutting an opening so that items may be inserted through the mouth into the box. Make another mouth and paste on a box, but make no opening. Explain to the children that the open mouth represents a place for drugs that they may use when the drugs are given by a doctor, nurse, caring parent, etc. The other represents a place for drugs that are not distributed by a doctor, nurse, etc. Give children examples of drugs and ask them to put in the appropriate place. Discuss.

4. Discuss with the children saying "no" to drugs offered by inappropriate people or in inappropriate circumstances. Using puppets or dolls, play-act situations in which the children might be offered drugs. Encourage the children to shout "yes" to appropriate situations and "no" to inappropriate situations.

5. Give each child several tokens that represent "yes." Present pictures of appropriate and inappropriate people who might offer drugs and appropriate and inappropriate circumstances in which drugs might be offered. Discuss each picture and invite children individually to decide whether each situation merits a "yes" token or not. Invite children to place tokens on appropriate situations.